

LQA - Living Quarters Allowance Annual/Interim Expenditures Worksheet (DSSR 130)

Allowable expenses under the Living Quarters Allowance are reported here to process a claim on the SF-1190. This worksheet is reproducible locally.

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| 1. Employee name (Last, First, Middle Initial) | 2. Agency |
| 3 Pay Plan/Series/Grade/Annual Salary | 4. Date of Arrival |
| 5. current Post/Country of Assignment/Locality Code | |

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| 6. If spouse is employed by the U.S. Government: | |
| Spouse's Name: | Quarters Allowance Received: |

| 7. Family Domiciled at Post | | | | | |
|-----------------------------|--------------|--------------------------------------|-----------------------------|-------------------------------|-------------------|
| Name of Relative | Relationship | DOB (except spouse) (mm/dd/yy) | Percentage of Support | Date of Arrival at Post | Residence Address |
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| 8. Family Domiciled Away From Post | | | | | |
|------------------------------------|--------------|--------------------------------------|-----------------------------|-----------------------------------|-------------------|
| Name of Relative | Relationship | DOB (except spouse) (mm/dd/yy) | Percentage of Support | Date of Departure From Post | Residence Address |
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| 9. Description of Quarters Occupied by the Employee | |
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| Street address (include apartment or room number if applicable): _____ | |
| Date quarters occupied: ____ / ____ / ____ (mm/dd/yy) Type of Quarters: House <input type="checkbox"/> Apartment <input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished <input type="checkbox"/> | |
| Quarters Size: Privately Leased <input type="checkbox"/> Gov't owned or leased <input type="checkbox"/> Personally owned <input type="checkbox"/> | |
| Total rooms (should include dining room, living room, kitchen, bedrooms, den and bathrooms) _____ | |
| Total useable square feet _____ or square meters _____ | |

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| 10. If employee shares quarters, give name of person(s) with whom sharing and employing firm or agency |
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| 11. If employee rents quarters from another U.S. Government employee, give name of the employee and employing agency |
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| 12. If employee lets or sublets portion of his owned or leased quarters: | |
| [a] Name of sublessee and employing agency or firm | _____ |
| [b] Amount received from sublessee | _____ |
| [c] Has amount received from sublessee been deducted from expenses claimed under block 16? | _____ |
| [d] Date let or sublet | _____ (mm/dd/yy) |

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| 13. Employee Name (last First, Middle Initial) | 14. Check one: <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual LQA expenses for the period from _____ to _____ |
| 15. FOR OFFICIAL USE ONLY Foreign currency rate used to compute expenses listed under item 16: _____. For Personally Owned Quarters (POQ): date of original purchase _____; exchange rate at time of original purchase _____; and number of years _____ already claimed for rent portion of LQA _____. | |

| | (A) Foreign Currency Expenses | (B) U.S. Dollar Expenses | (C) FOR OFFICIAL USE ONLY | (D) FOR OFFICIAL USE ONLY |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|-----------------------------------------|-----------------------------------------|
| 16. The following expenses were actually incurred or are estimated for the period claimed in block 14. Expenses should be supported by lease or rental agreement, receipts or canceled checks. If unobtainable, explain why under block 17, Remarks. Item [a] through [j] are rent & rent-related expenses | | | | |
| [a] Rent, if leased; or 10% of original purchase price, if owned (claim limit: 10 years) | | | | |
| [b] Garage rental (not to exceed 25% of maximum LQA rate) | | | | |
| [c] Furniture rental (not to exceed 25% of maximum LQA rate) | | | | |
| [d] Insurance on rented property and/or furnishings required by local law to be paid by lessee | | | | |
| [e] Taxes levied by the local government and required by law or custom to be paid by lessee | | | | |
| [f] Land rent, if required by local law or custom (applies only to (Applies only to POQ) | | | | |
| [g] Agent's fee if mandatory bylaw or custom and is condition of obtaining lease. Must be paid by lessee to landlord - not to agent | | | | |
| [h] Apartment/condominium fees (Excluding single family dwelling and POQ) | | | | |
| [i] Interest on a loan from American institution to finance "Key Money" paid to landlord | | | | |
| [j] Appreciation fee paid directly to landlord. Must appear on lease or rental agreement | | | | |
| Items [k] through [n] are utilities | | | | |
| [k] Heat - gas, fuel | | | | |
| [l] Electricity | | | | |
| [m] Other heat, fuel (Specify) | | | | |
| [n] Water | | | | |
| Total expenses claimed for this period | | | | |

18. For official use only (DSSR 135 and 136)
 Quarters Allowance Group: _____ WF ("With Family") WOF ("Without Family")
 Maximum Annual LQA rate (DSSR 920, column 2, plus 10%, 20% or 30% or additional family members) = _____
 Daily LQA rate = Annual LQA rate divided by number of days in calendar year. Biweekly rate = daily rate times 14. Any other period = daily rate times number of days claimed.
 Beg Date Claimed: _____ End Date Claimed: _____ Number of Days Claimed: _____ LQA this Period: _____

19. Employee Statement: I certify that the amounts claimed above were incurred for the period claimed or are estimated to the best of my knowledge for future costs.

Employee Signature _____
Date _____